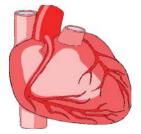


Rx FOR SUCCESS Angina

"Chest pain" is often a vague and nondescript symptom which can be caused from many conditions, such as, esophageal disease, hiatal hernia, peptic ulcer disease, pleurisy (inflammation of lining of the lung), chest wall muscle or ligament strains, anxiety disorders, pericarditis (inflammation of lining of the heart), and tumors.



Ischemic chest pain (angina) is usually associated with exertion, or it can be brought on by cold, eating, or emotional stress. It is caused by a lack of blood

flow to the heart muscle. It can be relieved by rest, oxygen, or nitroglycerin. Angina is often described as a squeezing or crushing substernal pain radiating to the jaw, neck, shoulders, or arms. The likelihood that the chest pain is angina is determined by the presence of well recognized cardiac risk factors, such as: male sex, age over 40, smoker, family history of heart disease, diabetes, hypertension, and abnormal lipid profile, such as an elevated cholesterol level.

There are many ways to evaluate angina:

- Resting EKG
 Stress EKG
- Thallium Stress Test
 MUGA Scan
- Stress Echo
 Ultrafast CT of the heart
- Angiogram (cardiac catheterization)

Please see Rx for Success on Exercise (Stress) Electrocardiograms and on Cardiac Catheterization.

UNDERWRITING CONSIDERATIONS FOR ANGINA ABSENT OTHER SIGNIFICANT IMPAIRMENT		
Angina diagnosed by positive stress test, or classical symptoms	Table C	
Angina diagnosed by angiogram	Rated according to the severity of the Coronary Artery Disease	

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Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Exercise (Stress) Electrocardiograms and on Cardiac Catheterization, use this Ask "Rx"pert Underwriter for an informal quote.

Producer	Phone	Fax	
Client	Age/DOB	Sex	
If your client has had Angina, please answer the following:			
1. Please list date of first diagnosis.			
2. Is your client on any medications (including	ng aspirin)?		
☐ Yes. Please give details			
□ No			
3. Has your client had any of the following tests? (Please check all that apply.)			
□ Resting EKG	□ Stress EKG		
□ Thallium Stress Test	□ MUGA Scan		
□ Stress Echo	□ Ultrafast CT of the heart		
Angiogram (cardiac			
catheterization)			
4. Has your client had any of the following? (Check all that apply.)		
☐ High blood pressure	□ Family history of heart disease		
□ Diabetes	Abnormal lipid levels		
Elevated homocysteine			
5. Please provide the client's most recent readings for the following.			
Heart attack(s). Please give dates.			
Bypass Surgery(ies). Please give dates			
Number of vessels			
□ Angioplasty(ies). Please give dates			
Number of vessels			
6. Has your client smoked cigarettes in the last 12 months?			
□ Yes □ No			
7. Does your client have any other major health problems (e.g., cancer, etc.)?			
☐ Yes. Please give details			
□ No			
Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, eshe			

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).